



State of Arizona
Board of Respiratory Care Examiners
1400 W. Washington, Suite 200
Phoenix, Arizona 85007
(602) 542-5995 FAX (602) 542-5900
www.rb.state.az.us

AZ RCP # _____
Name: _____
EXPIRATION: _____

BIENNIAL RENEWAL APPLICATION FOR RESPIRATORY CARE PRACTITIONERS

Pay \$120 by scheduled renewal date pursuant to R4-45-102(A)(4)

All fees submitted to the Board are non-refundable pursuant to A.A.C. R4-45-102(B).

**It is unlawful to engage in the practice of respiratory care without a license. A.R.S. §32-3556. If you are submitting this renewal form after your scheduled renewal date, you must attach a completed affidavit form, stating that you have not violated the law.

CONTACT INFORMATION:

NAME: _____
(First, Middle, Last)

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PERMANENT ADDRESS: (IF DIFFERENT FROM ABOVE): _____

HOME PHONE NUMBER: (____) _____ - _____

OTHER CONTACT NUMBER: (____) _____ - _____

EMAIL ADDRESS: _____

IDENTIFICATION INFORMATION:

DATE OF BIRTH: _____

GENDER: _____ MALE _____ FEMALE

HEIGHT: _____

WEIGHT: _____

HAIR: _____

EYES: _____

STATUS DECLARATION:

CITIZEN OR NATIONAL OF THE UNITED STATES: _____ Yes _____ No*

- IF THE ANSWER IS "YES," WHERE WERE YOU BORN? LIST CITY, STATE(or equivalent), AND COUNTRY.

CITY: _____

STATE: _____

COUNTRY: _____

- *IF YOU ANSWERED "NO" TO THE CITIZEN OR NATIONAL QUESTION PLEASE COMPLETE THE ALIEN STATUS DECLARATION ATTACHED

EMPLOYMENT STATUS:

____ Employed in Respiratory Therapy ____ Full Time ____ Part Time

____ Employed in field other than Respiratory

____ Currently not working

EMPLOYER NAME: _____

ADDRESS: _____

SUPERVISOR'S NAME: _____ PHONE NUMBER: _____

PRINCIPLE FIELD OF EMPLOYMENT:

____ Hospital	____ Self Employed	____ Private Duty
____ Nursing Home	____ HMO	____ Home Health
____ School/Education	____ Temporary/Registry	____ Community Health
____ Other		

THE FOLLOWING QUESTIONS MUST BE ANSWERED:

PLEASE NOTE: The fact that an arrest or conviction has been pardoned, expunged, dismissed or your civil rights have been restored, does not mean that you answer the question with a "no"; you would answer "yes," give details on the charge, and provide all court related documentation before your license can be renewed.

1. Since your initial application or last renewal, have you been arrested, pled guilty to, no contest to, or been convicted of a felony, misdemeanor, or any undesignated offense?
____ YES ____ NO (if yes, explain on separate sheet of paper and provide documentation)
2. Since your initial application or last renewal, have you been arrested for a traffic violation which resulted in a fine of \$150.00 or greater?
____ YES ____ NO (if yes, explain on separate sheet of paper and provide documentation)
3. Since your initial application or last renewal, have you been named in a civil/malpractice case related to your employment as a respiratory care practitioner?
____ YES ____ NO (if yes, explain on separate sheet of paper and provide documentation)
4. Since your initial application or last renewal, has any disciplinary action, consent order, or settlement been imposed or is any action pending on your license in any state (including Arizona) or jurisdiction?
____ YES ____ NO (if yes, explain on separate sheet of paper and provide documentation)
5. Since your initial application or last renewal, have you had any problems with substance abuse (which includes alcohol) or been enrolled or committed to a substance abuse program?
____ YES ____ NO (if yes, explain on separate sheet of paper)
6. Since your initial application or last renewal, have you been disciplined, suspended, or terminated from employment as a respiratory care practitioner?
____ YES ____ NO (if yes, explain on separate sheet of paper)

CONTINUING EDUCATION REQUIREMENTS:

I have completed twenty (20) hours of approved continuing education. ____ YES ____ NO

If you are renewing after your scheduled renewal date, copies of your CEU's must be attached.

AFFIDAVIT:

I certify, upon penalty of perjury under the laws of the State of Arizona, that the document enclosed (Renewal for Licensure as a Respiratory Care Practitioner) is a true and correct copy of the original received by me. I further certify that any additional materials enclosed are true and correct copies of originals received by me and are originals issued to me.

Signature: _____

Date: _____